

EVALUATION AND MANAGEMENT OF PATIENTS WITH CHRONIC HEPATITIS C



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1. BACKGROUND

- An estimated 4 million Americans are infected with HCV.
- Following acute infection, chronic HCV infection develops in more than 80 percent of cases. Spontaneous remission is rare.
- The natural history of HCV is highly variable. Approximately 20 percent of patients will develop cirrhosis over a 20 to 30-year period, although the majority will never develop this complication and will die of unrelated causes.
- It is impossible to predict reliably those who are at risk for liver disease progression, but excess alcohol consumption and co-infection with HIV are known to increase risk.
- Treatment for HCV is improving although limitations still exist. Among those who receive currently available anti-viral therapy, sustained resolution of infection (“cure”) is achieved in up to 50 percent, with higher rates of response in those with genotype 2 and 3 infections. Even for those who are not cured with treatment, there may be an improvement in liver histology, indicative of a “partial or incomplete” response.

2. RISK FACTORS

Questions to ask patients to assess their risk for Hepatitis C:

- *Have ever injected drugs (including steroids, silicone, hormones, etc.)?*
- *Did you receive a transplant or blood/blood products before 1992?*
- *Have you received long-term kidney dialysis?*
- *Have you had occupational exposure to blood?*
- *Have you ever received a tattoo or body piercing with unsterilized equipment?*
- *Have you ever shared straws for snorting drugs?*

FOR MORE INFORMATION

For more information and resources on Hepatitis C, contact the Washington State Department of Health or contact your local health jurisdiction:

DOH Infectious Disease and Reproductive Health
PO Box 47838
Olympia, WA 98504
1-866-917-4HEP

<http://www.doh.wa.gov/cfh/hepatitis>



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3. TESTING AND REPORTING

Who to test for HCV infection:

- Patients with a history of injection drug use, even once.
- Patients who received a blood transfusion or organ transplant before July 1992.
- Patients with hemophilia treated with clotting factors made prior to 1987.
- Patients with persistently abnormal ALT levels.
- Patients with any other known exposure to HCV.

Health care providers are required to report acute and chronic Hepatitis C to their local health jurisdiction within one month of detection.

What to tell at-risk patients who have tested negative for Hepatitis C:

- Protect yourself from becoming infected with Hepatitis C.
 - Never share any drug injection equipment. Enter a drug treatment program and/or consider using a needle exchange.
 - Use a latex condom every time you have sex if you are not in a long-term relationship with a single partner.
- Get vaccinated for Hepatitis A and B.

4. PREVENTING TRANSMISSION AND DISEASE PROGRESSION

What to tell patients who have tested positive for Hepatitis C:

- Many people live with the disease for a lifetime without any symptoms. Others may experience serious liver damage.
- There are things you can do to reduce the risk of disease progression. Getting primary care is important and there may be treatment options.
 - See your health care provider on a routine basis.
 - Get vaccinated for Hepatitis A and B.
 - Eliminate alcohol intake. If you need help, ask for it.
 - Ask your provider before taking any medication (prescription or over-the-counter).
- Avoid spreading Hepatitis C to others.
 - Never share any drug injection equipment. Enter a drug treatment program and/or consider using a needle exchange.
 - Use a latex condom every time you have sex if you are not in a long-term relationship with a single partner.
 - Don't share razors, toothbrushes or other household items that may have blood on them.

5. MANAGEMENT OF PATIENTS WITH NEWLY IDENTIFIED HEPATITIS C

Management of patients who are anti-HCV positive by ELISA should include the following steps:

1. Notify patient of HCV antibody test results in a timely manner.
2. Order appropriate tests to confirm infection and to determine the presence or absence of viremia by PCR, according to established testing algorithms (consult your diagnostic lab if unsure of the appropriate test).
3. Complete and document patient education about natural history, transmission, steps to minimize liver damage and treatment options.
4. Evaluate for the presence of psychiatric or substance abuse conditions, and offer treatment for these in conjunction with mental health and/or addiction specialists.
5. Encourage the patient to be vaccinated against Hepatitis A and B if clinically indicated.
6. Offer counseling and testing for infection with HIV.
7. Evaluate for potential therapy in conjunction with a specialist experienced in Hepatitis C care. (See Evaluation for Anti-viral Therapy)
8. Encourage patients to join a support group of individuals with HCV disease.

Every patient with chronic Hepatitis C needs careful evaluation to determine the most appropriate disease management strategy.

A note about genotype tests: HCV genotype determination is important for making decisions about specific treatment options and treatment duration. It does not, however, offer any prognostic information about the course of the disease and usually should not be ordered as part of the basic, initial evaluation.

6. EVALUATION FOR ANTI-VIRAL TREATMENT

In order to determine need for therapy, anti-HCV positive persons should be assessed for:

- Confirmation of chronic infection. Patients who are not viremic as defined by sensitive PCR assays do not require further evaluation for treatment.
- Biochemical evidence of chronic liver disease by serum alanine aminotransferase (ALT) and serum aspartate aminotransferase (AST). Patients with persistently normal LFT's and no other clinical evidence of liver disease have an excellent prognosis and low risk of disease progression. Benefits of therapy in this group have not been clearly demonstrated. All patients with chronic Hepatitis C should have liver function tests performed once or twice a year during routine health care evaluations.
- Severity of disease including tests of hepatic synthetic function (serum albumin, bilirubin and prothrombin time). Liver biopsy although not essential, is strongly recommended for those in whom anti-viral therapy is considered.
- Presence of potential contraindications to therapy including uncontrolled substance abuse, uncontrolled psychiatric disease, non-compliance, major non-hepatic disease. These patients should be re-evaluated after referral to an appropriate mental health or addiction specialist.
- Referral to a clinician experienced in this area of anti-viral therapy if there is chronic infection (positive PCR test) and evidence of liver injury (abnormal LFT's or impaired synthetic function).
- Presence of clinically significant portal hypertension or decompensated cirrhosis (ascites, esophageal varices, etc.). Such patients should be evaluated by a liver specialist and possibly considered for liver transplantation. Early identification of transplant candidates is essential.